

**REQUEST FOR ANNUAL RENEWAL OF CBS/MIS CRIMINAL HISTORY INFORMATION
FOR CHILD CARE**

UTAH DEPARTMENT OF HEALTH - BUREAU OF LICENSING
PO BOX 142003 - 288 N. 1460 W. - Salt Lake City, UT 84114-2003

LICENSE/CERTIFICATE # _____

_____ FACILITY NAME (PLEASE PRINT)	_____ BUSINESS ADDRESS	_____ CITY/STATE/ZIP CODE
I certify this request is made pursuant to UCA 26-39-107, for annual renewal of a child care license or certificate, and that all information provided on this form is true and accurate. I further certify that a Statement of Disclosure has been signed by all individuals listed below and are on file with this program. I understand that the signed forms must be furnished upon request. All information provided is true and correct and includes owners, directors, board members, employees, spouse, and children over 18 who works or resides in this licensed/certified facility.		
_____ REPRESENTATIVE SIGNATURE	_____ REPRESENTATIVE NAME (PLEASE PRINT)	
_____ DATE	() AREA CODE AND TELEPHONE NUMBER	
_____ CELL PHONE NUMBER (IF AVAILABLE)		
<i>* The Representative may be the Director/Designee/Provider/Owner of a child care program.</i>		

*** NOTE:** A ✓ mark in the box prior to the applicant name indicates a criminal conviction or warrant since the last annual clearance. Documentation and/or explanation must be attached for Department review.

PRINT OR TYPE IN BLACK INK

✓	Last Name	First	Middle	Date of Birth	Social Security #	Drivers License #

FOR DEPARTMENT USE ONLY -USE ADDITIONAL SHEETS AS NEEDED

DATE RECEIVED	MIS APPROVED	CBS APPROVAL STAMP